2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N99000006615

Entity Name: NORTHSIDE BAPTIST CHURCH OF APOPKA, INC.

Current Principal Place of Business:

413 W WELCH RD
APOPKA, FL 32704

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1393
APOPKA, FL 327041393

New Mailing Address:

FEI Number: 59-3629988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YATES, DON D
PO BOX 1393
APOPKA, FL 32704 US

Name and Address of New Registered Agent:

YATES, DON D
818 N. THOMPSON ROAD
APOPKA, FL 32712 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/29/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLEGHORN, J D
Address: PO BOX 98
City-St-Zip: PLYMOUTH, FL 32768

Title: D ( ) Delete
Name: USTLER, LOUISE
Address: 397 WEST DIXIE HIGHWAY
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete
Name: CAIN, CRAIG
Address: 28239 SHIRLEY SHORES DR.
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete
Name: USTLER, LOUISE
Address: 397 WEST DIXIE HIGHWAY
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: BOLTON, JOHN D
Address: 3810 LORNE COURT
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: FLOYD, ROGER
Address: PO BOX 61
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON D. YATES RA 04/29/2007
Electronic Signature of Signing Officer or Director — Date